

# COMMUNITY DIAGNOSIS

## *Status Report*



## Scott County 1998

Tennessee Department of Health  
East Tennessee Regional Health Office  
Health Assessment and Planning Division

# **Community Diagnosis**

**Scott County Health Council – Community Diagnosis Report  
Prepared May 1998 by Health Assessment & Planning Division  
East Tennessee Regional Health Office**

## INTRODUCTION

Community Diagnosis is a community-based, community-owned process to assess the health status of Tennesseans. The Scott County Health Council (SCHC) in cooperation with the East Tennessee Regional Office of the Department of Health identified Scott County as a pilot county for the Community Diagnosis process. The council conducted a community survey, reviewed various data sets and evaluated resources in the community to identify areas of concern that affect the health of Scott County citizens. Health issues for Scott County were identified and prioritized for size, seriousness, and effectiveness of intervention.

The Scott County Health Council was established in 1991 to promote accessibility of quality health care for every Scott County resident. It contains members from various geographic locations and social-economic levels. The directors are elected to three-year terms with terms established so that one-third is elected each year. A list of council members participating in the assessment can be found in Appendix A.

The mission of the SCHC is to value and believe in integrity always, striving for equal opportunity of all Scott County residents to have the best possible access and available services to promote health and education. Working and joining together with other organizations as a whole emphasizing the importance of health for the maintenance of well being for a better community.

The mission of Community Diagnosis is to develop a community-based, community-owned process to:

- ⇒ Analyze the health status of the community.
- ⇒ Evaluate the health resources, services, and systems of care within the community.
- ⇒ Assess attitudes toward community health services and issues.
- ⇒ Identify priorities, establish goals, and determine course of action to improve the health status of the community.
- ⇒ Establish a baseline for measuring improvement over time.

As a result of the assessment process, the health council will develop a health plan for Scott County. The Health Plan will contain goals to improve the health of Scott County residents. Intervention strategies will be developed to deal with the problems identified and a listing of resources needed to implement those strategies.

Benefits of Community Diagnosis for the community included:

- Providing communities the opportunity to participate in directing change in the health services and delivery system.
- Armed with appropriate data and analysis, communities can focus on health status assessment and the development of locally designed, implemented, and monitored health strategies.
- Provide justification for budget improvement requests.
- Provide to state-level programs and their regional office personnel information and coordination of prevention and intervention strategies at the local level.
- Serve health planning and advocacy needs at the community level. Here the community leaders and local health departments provide leadership to ensure that documented community health problems are addressed.

This document provides a description of the Community Diagnosis activities to-date. Data will be described with emphasis on important issues identified by the council. Summary findings from work done by other organizations will be included.

# CONTENTS

## INTRODUCTION

<b>I.</b>	<b>COUNTY DESCRIPTION</b>	<b>1</b>
	<b>A. County Profile</b>	<b>1</b>
	Gem of the Cumberland	1
	<i>Scott County Community Profile</i>	1
	<i>Scott County Selected Economic Indicators</i>	1
	<i>Health Care Resources</i>	2
	<b>B. County Process</b>	<b>2</b>
	The Assessment Process	2
	Resources	3
<b>II.</b>	<b>COMMUNITY NEEDS ASSESSMENT</b>	<b>4</b>
	<b>A. Primary Data</b>	<b>4</b>
	1. <i>The Community Stakeholder Survey</i>	4
	2. <i>Behavioral Risk Factor Survey (BRFS)</i>	6
	<b>B. Secondary Data</b>	<b>8</b>
<b>III.</b>	<b>HEALTH ISSUES: IDENTIFICATION AND PRIORITIZATION</b>	<b>14</b>
<b>IV.</b>	<b>FUTURE PLANNING</b>	<b>14</b>
<b>IIV.</b>	<b>REFERENCES</b>	<b>15</b>
<b>APPENDIX A</b>		<b>I</b>
	<b>A. Scott County Health Council</b>	<b>II</b>
	<b>B. Health Information Tennessee (HIT)</b>	<b>II</b>

## TABLES

### *Tables*

1	Respondents-Scott County Community Survey .....	4
2	Community Health Care Services Satisfaction % Responding Very Satisfied or Satisfied .....	5
3	Community Health Care Services Most "Not Adequate" Responses.....	5
4	Sample Size--Scott County Behavioral Risk Factor Survey .....	6
5	Reported Health Practices.....	7
6a	Community Problems Percentage Saying "Definite Problem".....	7
6b	Access To Health Care Problems Percentage Saying "Definite Problem" .....	8
7	Type of Cancer.....	8
8	Total 1995 (est.) Population and Total Number of Households .....	9
9	Education .....	10
10	Employment.....	10
11	Poverty Status .....	10
12a	Age Adjusted Mortality Rate Per 100,000 Population..... Suicide Homicide Motor Vehicle Crash Related	11
12b	Age Adjusted Mortality Rate Per 100,000 Population..... Stroke Coronary Health Disease	11
13	Age Adjusted Mortality Rate Per 100,000 Population..... Breast Lung Cancer All Cancer	12
14	Perinatal Indicators.....	13
15	Scott County Health Issues Priorities .....	14

## I. COUNTY DESCRIPTION

### A. County Profile

#### *Gem of The Cumberlands*

Scott County Gem of the Cumberlands is located high on top of the Cumberland Plateau, approximately 1,400 feet above sea level. It is a mountainous terrain interspersed with narrow valleys and coves. The northern boundary line of Scott County was made by Charles II of England in 1663. He granted lord proprietors who settled in North Carolina, all the lands between the 29<sup>th</sup> parallel and 36-30 degrees from sea to sea. This included what is now Scott County.

Scott County was created on December 17, 1849, out of the parts of Anderson, Campbell, Fentress, and Morgan Counties. It is 549 square miles bounded on the north by the Kentucky-Tennessee state line, which runs approximately 36-30 degrees north latitude. Scott County is bounded on the east by Campbell County, south of Anderson and Morgan, and on the west by Fentress, Morgan, and Pickett Counties.

An interesting fact on Scott County history was discovered in 1946 in the minutes of the 1861 County Court. The irate members of the County Court, all Union Sympathizers, angered by the withdrawal of the State of Tennessee from the Union, made a motion that Scott County then and there declare itself free and independent from the State of Tennessee and it should thereafter be called the Independent State of Scott. It was passed unanimously. As far as Scott County records are concerned, Scott County has never voted to come back into the state, or make a treaty with the German nation and her allies.

#### *Scott County Community Profile*

##### *Location*

Region: East Tennessee

Square Miles: 549

Distance from Knoxville: 65

##### *Recreation*

Big South Fork National River and Recreation Area

##### *Education*

Scott County School System

Oneida City School System

#### *Scott County Selected Economic Indicators*

*Estimated Available Labor (1995) Total: 680*

Male: 240

Female: 440

Surrounding Area: 4,190 (est. total)

##### *Population: (1997,est.)*

County: 18,358

Huntsville: 5,042

Oneida: 5,577

Winfield City: 2,999

Norma: 2,226

Robbins: 2,999

##### *Labor Force Estimates*

Civilian Labor Force: 8,380

Unemployment: 750 (8.9% of labor force)

Total Employment: 7,630

##### *Climate*

Annual Average Temperature: 55°

Annual Average Precipitation: 60"

##### *Per Capita Income*

\$11,888

##### *Tax Structure*

County property tax rate per \$100: \$3.58

##### *Natural Resources*

Minerals: Coal, Oil & Natural Gas

Timber: Pine, Oak, Maple, Beech & Poplar

Agriculture: Timber, Beef Cattle & Dairy

## ***Health Care Resources***

	<b>County</b>	<b>Region</b>	<b>State</b>
Persons per Primary Care Physician	1,498	1776	1,053
Persons per Nurse Practitioner	1,997	7429	7,134
Persons per Physician Assistant	17,974	15053	18,664
Persons per Registered Nurse	200	178	106
Females 10-44 per OB/GYN	4,583	4509	2,100
Persons per Dentist	5,991	2414	1,853
Persons per Staffed Hospital Bed	233	491	245
Percent occupancy in community hospitals	59.6	57.3	57.7
Person per Staffed Nursing Home Bed	119	119	135
Percent occupancy in community nursing homes	96.6	96.4	93.6
Physician shortage area for OB	YES		
Physician shortage area for Primary Care	NO		

Note: Manpower data are 1996; shortage areas, 1995; facilities, 1994.

Scott County has one licensed hospital located in Oneida and two licensed nursing homes one located in Hunstville and one located in Oneida. Scott County is served by 9 primary care physicians and 5 "mid-level" practitioners. Although Scott County is not designated a state primary care shortage area, it is designated as a federal primary care shortage due to low-income population. In addition, it is designated as both state and federal dental shortage area.

The Scott County Health Council, with assistance from the East Tennessee Regional Office, Health Assessment and Planning Division, and the Department of Health and Safety Sciences at the University of Tennessee compiled a directory of Health Resources in Scott County. The purpose of the directory is to provide an easy-to-use referral guide of health-related services available in Scott County. The Directory is designed for use by health professionals, social service agencies, referral services, and any other organization that assists Scott County residents in meeting their healthcare needs. The information contained in the Directory is a result of a survey conducted in the fall of 1997.

## ***B. County Process***

### ***The Assessment Process***

The Tennessee Department of Health has made a strong commitment to strengthening the performance of the public health system in performing those population-based functions that support the overall health of Tennessee's assessment, assurance and policy development

Community Diagnosis is a public-private partnership to define the county's priority health problems and to develop strategies for solving these problems. The Scott County Health Council in collaboration with the East Tennessee Regional Health Office conducted an extensive assessment of the status of health in Scott County. An extensive amount of both primary and secondary data were collected and reviewed as the first step in the process. Major issues of concern identified by the community were perception and knowledge of health problems, which were important factors in analyzing the data.

Council members identified major issues of concern and each issue was then ranked according to size, seriousness, and effectiveness of interventions. The top five priorities for Scott County are.

- 1. DENTAL**
- 2. CHRONIC DISEASE/LIFESTYLE**
- 3. RESPIRATORY DISEASE**
- 4. TEEN PREGNANCY**
- 5. SUBSTANCE ABUSE**

***Resources***

A focus will be placed on identifying existing resources. Cooperation of various agencies could allow redirection of such resources to target identified priorities. Additional resources will be sought for the development of intervention and implementation strategies identified by the health council.



## II. COMMUNITY NEEDS ASSESSMENT

### A. Primary Data

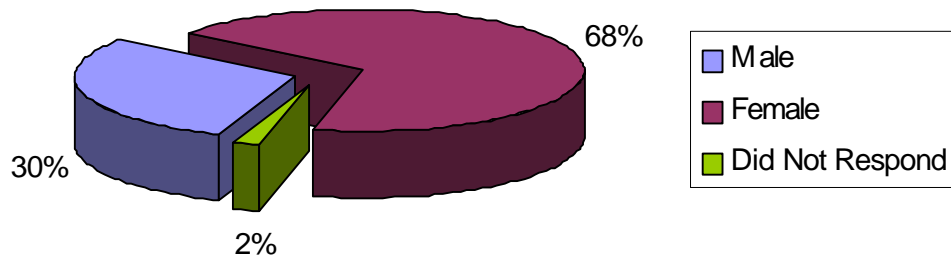
#### 1. The Community Stakeholder Survey

The stakeholder survey provides a profile of perceived health care needs and problems facing the community and stakeholders who respond to the survey. Stakeholders are those individuals in a community who have a special interest in a particular issue or action being taken. The survey includes questions about the adequacy, accessibility, and level of satisfaction with health care services in the community. Members of the council were asked to complete the stakeholders' survey as well as identify and obtain comments from other stakeholders in the community to participate in the survey. The Community Stakeholder Survey is not a scientific random sample of the community; rather, its purpose is to obtain subjective data from a cross section of the community about health care services, problems, and needs in the county. It is one of two sources of primary data used in community diagnoses.

The Scott County Stakeholder Survey was distributed to various individuals across the county. The stakeholders represent a cross section of the community, i.e., young families, single parents, the elderly, business leaders, consumers, rural residents and urban residents. The stakeholders include both the users and providers of health services.

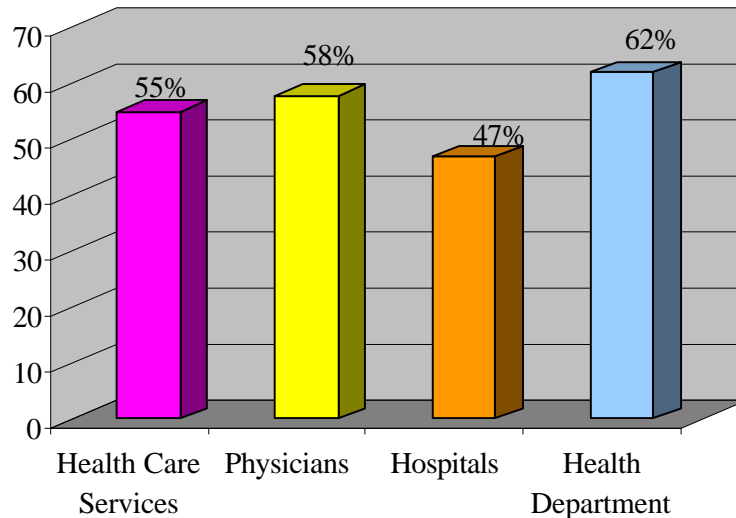
There were 50 respondents to the Scott County Community Survey. Of the respondents, 30% were male and 68% were female, 2% did not respond.

Table 1



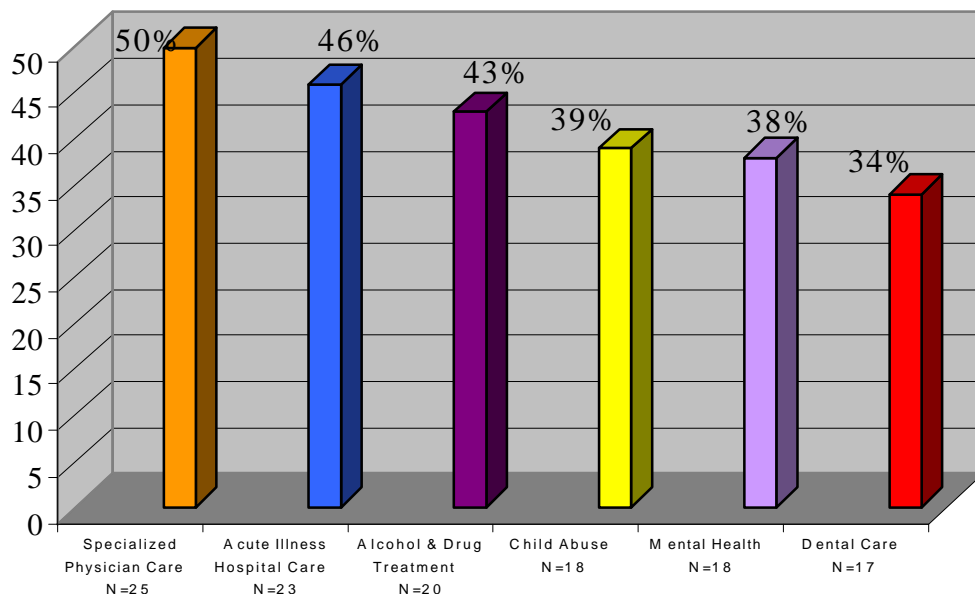
Seventy percent of the respondents had lived in the county for twenty or more years. Respondents were asked to rate various health services as very adequate or very satisfied, adequate or satisfied, available but not adequate, available but no opinion on service, or not available. The majority of the respondents rated the community health care services as very adequate or adequate. Over 50% of the respondents were either very satisfied or satisfied with the physician services and hospitals in their community. Health Department services were rated very satisfied or satisfied by over 60% of the respondents (see Table 2).

Table 2  
**Community Health Care Services Satisfaction**  
**% Responding Very Satisfied or Satisfied**



Data that concerned the health council were the ratings of “not adequate” in the community health services category. Many of the respondents felt that services for child abuse and neglect were available in the community but not adequate to address the issue. The top five services that were ranked as available but not adequate also include specialized physician care, alcohol and drug treatment, acute illness hospital care, mental health and dental care.

Table 3  
**Community Health Care Services**  
**Most “Not Adequate” Responses**



After reviewing the analysis of all the information received from the community, the health council identified areas of concern:

- Hospital Care
- Dental
- Health Education Programs
- Access to Health Care
- Substance Abuse

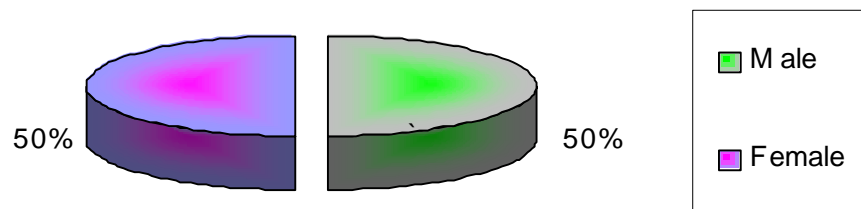
## **2. Behavioral Risk Factor Survey (BRFS)**

The BRFS is a randomly selected representative sample of the residents of the county. The survey that was used is a telephone interview survey modeled after the BRFS survey conducted by the Centers for Disease Control. The BRFS collects information from adults on health behaviors and preventive practices related to several leading causes of death such as chronic diseases, injury, and HIV infection.

Adults are randomly selected using random digit-dialed telephone surveys and are questioned about their personal health practices. In addition they were asked to rate various community health issues. A Likert scale was used with respondents identifying issues as a definite problem, somewhat a problem, not a problem, or not sure.

A sample size of 209 was collected from Scott County. This allowed estimates of risk factors to be made for the county. The overall statistical reliability is a confidence level of  $90, \pm 6\%$ . Of the respondents 50% were female and 50% male (See Table 4). This compares to 51% female and 49% male for the population of Scott County based on the 1990 census.

Table 4



After a review of the data from the BRFSS, the council divided the information into three areas. The first area is personal health practices. Five key factors were identified as concerns for the health of the overall community. These issues were then compared to Healthy People: 2000. Table 5 lists the practices of concern with the Year 2000 goal for the nation.

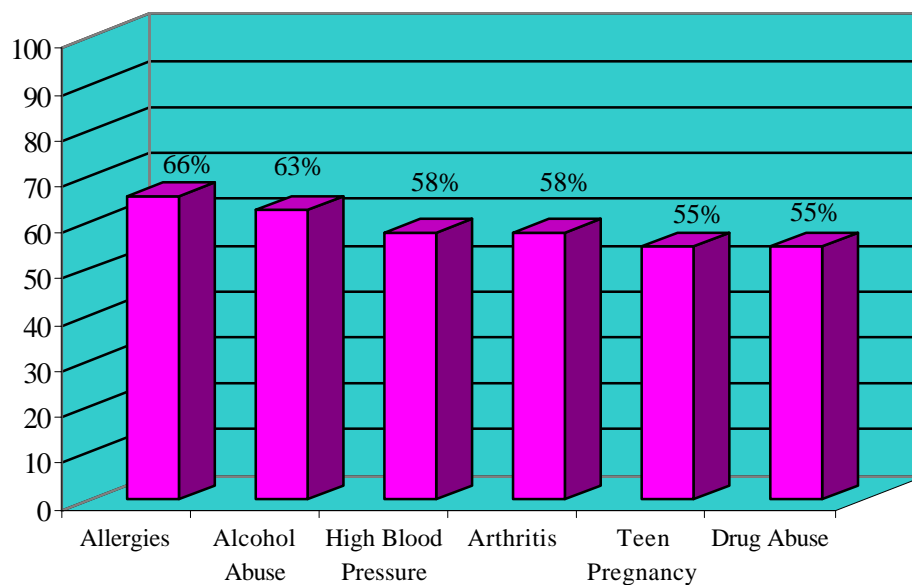
Table 5

Reported Health Practices	BRFS % of Respondents	Year 2000 Goal
Exercise (no exercise in last month)	33%	15%
Smoking (currently smoke)	31%	15%
Pneumonia (have not had vaccine)	81%	(No Goal)
Mammogram (had mammogram)	56%	80%
Diet within range		
Never add salt to food	42%	(No Goal)
Fruit and Vegetable >5 a day	12%	(No Goal)
Advised to lose weight	17%	(No Goal)

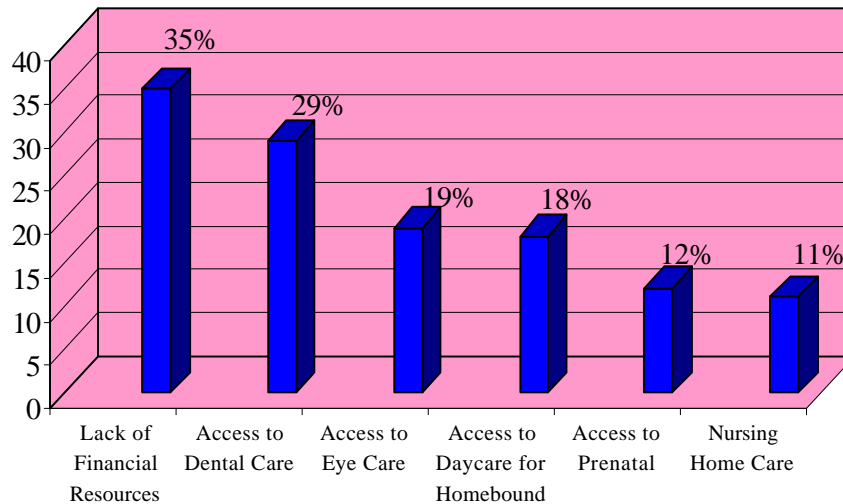
The opinion data collected by the BRFSS on community issues was divided into two categories: 1.) Community Problems and 2.) Access to Health Care. The top issues in the areas are identified in Tables 6a and 6b.

Tables 6a

### Community Problems Percentage Saying "Definite Problem"



Tables 6b  
**Access to Health Care Problems**  
**Percentage Saying “Definite Problem”**



It was also noted that 24% said toxic wastes were a definite problem and 17% identified air pollution as a definite problem. Cancer was divided into four types in this survey. The following table lists the type of cancer and the percent of respondents indicating it as a definite problem within the community.

Table 7

	Definite Problem
Colon Cancer	18%
Lung Cancer	38%
Breast Cancer	31%
Prostate Cancer	22%

Major issues identified by the council from the BRFS were:

- Respiratory problems
- Teen pregnancy
- Substance abuse
- Arthritis
- Heart disease
- Diabetes

## **B. Secondary Data**

Information on the health status, health resources, economy, and demographics of Scott County is essential for understanding the existing health problems in the community. The health council received an extensive set of data for the county which showed the current health status as well as the available health resources. The secondary data (information already collected from other sources for other purposes) was assembled by the State Office of Assessment and Planning. Data sets that are routinely collected by the Department of Health as well as other state departments and agencies were assembled

and distributed to health council members. Socio-economic information was obtained from the Department of Economic and Community Development as well as information put together by the Tennessee Commission on Children and Youth in their “Kid’s Count” report.

Various mortality and morbidity indicators covering the last 12 years were presented for the county, region, and state. Trend data were presented graphically using three-year moving averages. The three year moving averages smooth the trend lines and eliminate wide fluctuations in year-to-year rates that distort true trends.

Another section of secondary data included the status of Scott County on mortality and morbidity indicators and compared the county with the state, nation and Year 2000 objectives for the nation.

Issues identified by the council from all secondary data were selected primarily on the comparison of the county with the Year 2000 objectives. The issues identified were:

- Dental
- TennCare
- Coronary heart disease
- Infant death
- Lung cancer
- Motor vehicle accidents
- Suicide
- Homicide
- Stroke
- Teen pregnancy

TennCare is the primary health insurance for Scott County residents. Over 50% of the residents rely on TennCare to cover the cost of their medical needs. There are over 3,000 children that should receive preventive and restorative dental services from TennCare. There are no dental providers in the county that will accept TennCare as a method of reimbursement.

Table 8  
**Total 1995 (est.) Population: 19,390**  
**Total Number of Households: 6,534**

	County	Region	State
Percent of households that are family households	78.5	76.3	72.7
Percent of households that are families headed by a female with no husband present	11.7	10.6	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years.	6.2	5.4	6.9
Percent of households with the householder 65 and up	23.2	23.6	21.8

Table 9  
Education

	County	Region	State
Number of persons age 25 and older	11,094	365,673	3,139,066
Percent of persons 25 and up that are high school graduates or higher	51.2	60.8	67.1
Percent of persons 25 and up with a bachelor's degree or higher	6.6	11.1	16.0

Table 10  
Employment

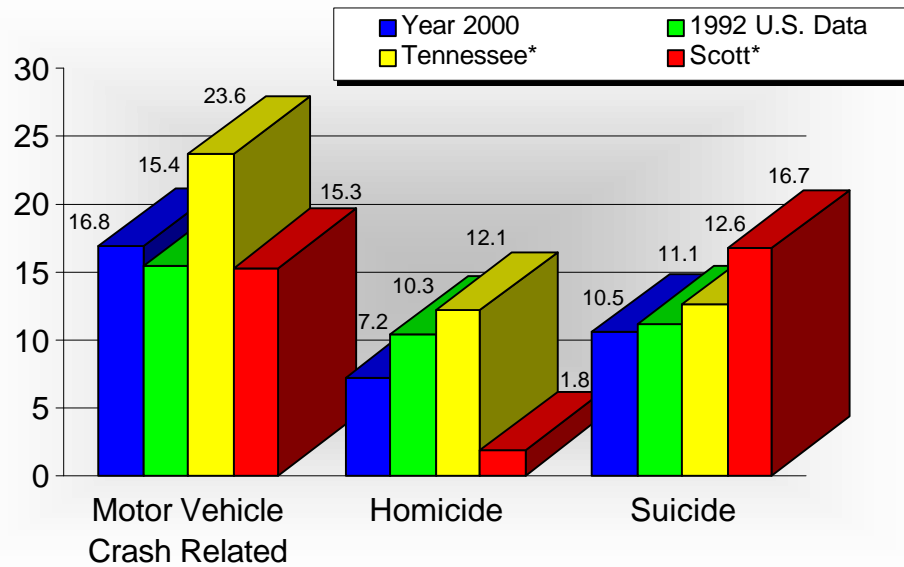
	County	Region	State
Number of persons 16 and older	13,614	437,649	3,799,725
Percent in work force	52.5	60.1	64.0
Number of persons 16 and older in civilian work force	7,145	262,392	2,405,077
Percent unemployed	10.1	7.8	6.4
Number of females 16 years and older with own children under 6	1,166	30,082	287,675
Percent in labor force	52.7	57.4	62.9

Table 11  
Poverty Status

	County	Region	State
Per capita income in 1989	\$7,803	\$10,756	\$12,255
Percent of persons below the 1989 poverty level	27.8	17.1	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	33.4	22.3	20.7
Percent of persons age 65 years and older with income in 1989 below poverty level	28.6	21.1	20.9

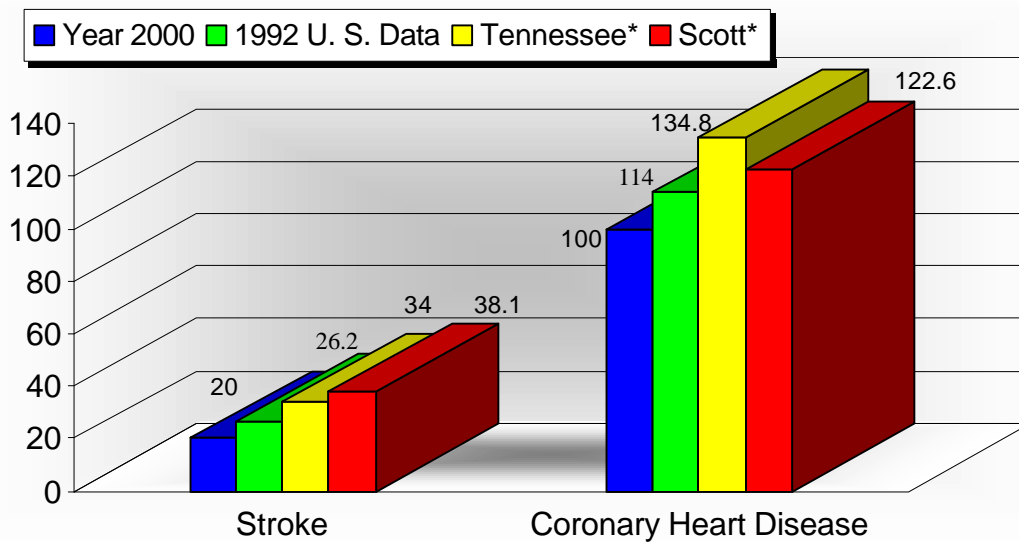
STATUS OF SCOTT COUNTY ON SELECTED YEAR 2000 OBJECTIVES  
AGE ADJUSTED MORTALITY RATE PER 100,000 POPULATION

12a



\*Figures for Tennessee and Scott County are a 3-Year Average from the years 1991-1993.

12b



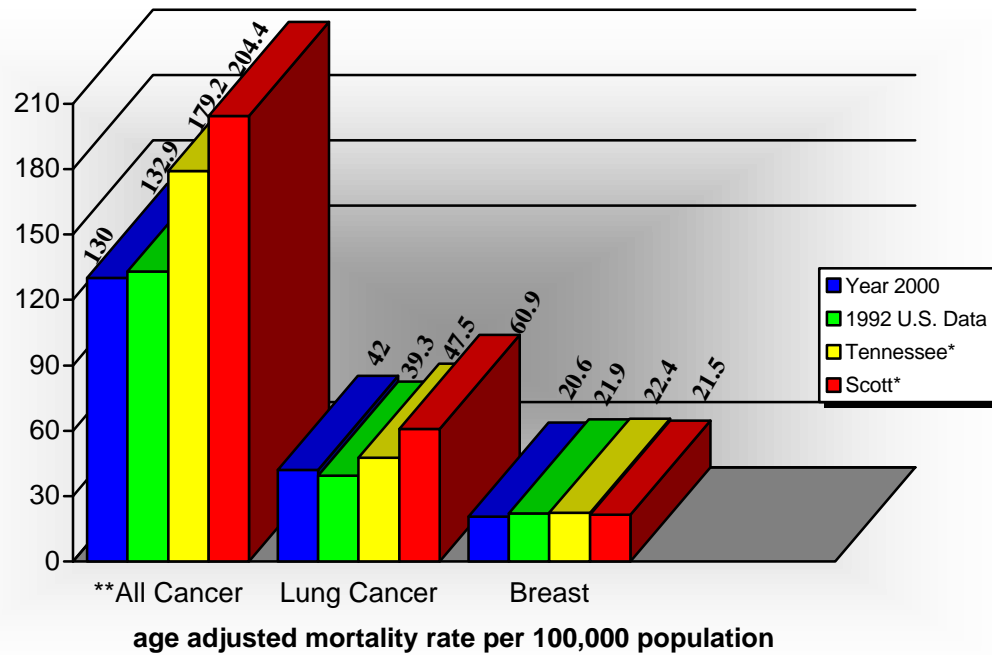
\*Figures for Tennessee and Scott County are a 3-Year Average from the years 1991-1993.



# STATUS OF SCOTT COUNTY ON SELECTED YEAR 2000 OBJECTIVES

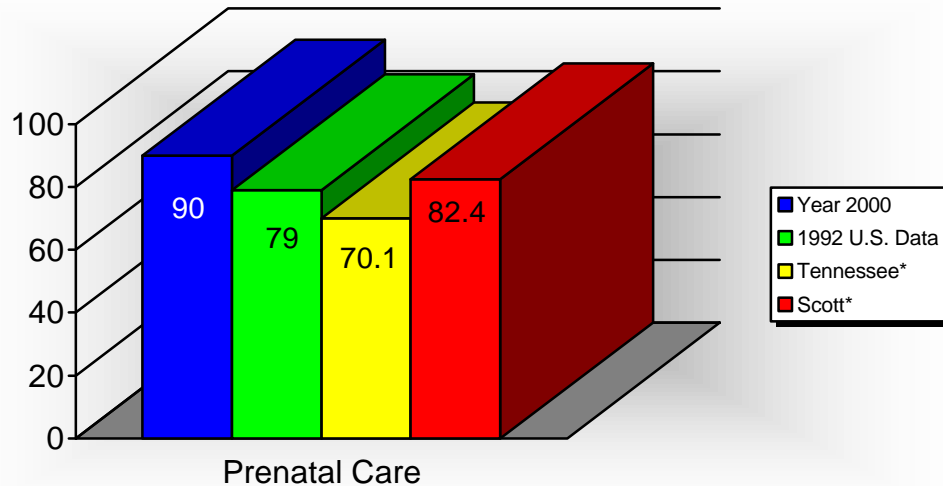
## AGE ADJUSTED MORTALITY RATE PER 100,000 POPULATION

Table 13



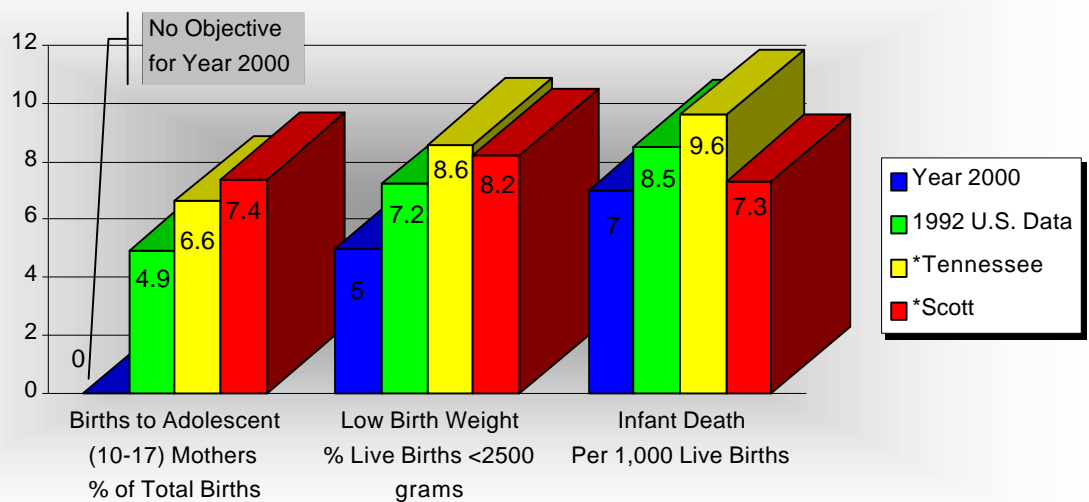
\* Figures for Tennessee and Scott County, Breast and Lung Cancer are a 3-Year Average from the years 1991–1993.  
 \*\* Figures for Tennessee, Scott County, 1994.  
 \*\* Figure for U.S. Data is a 2-Year Average from the years 1992–1993.

Table 14  
**STATUS OF SCOTT COUNTY ON SELECTED YEAR 2000 OBJECTIVES**  
**PERINATAL INDICATORS**



**% Women Receiving Care 1<sup>st</sup> Term**

\* Figures for Scott Co. are a 2-Year Average from the years 1992-1994



\* Figures for Tennessee and Scott County are a 3-Year Average from the years 1991-1993.

\*\* Figures for Infant Death per 1,000 live births.

### **III. HEALTH ISSUES AND PRIORITIES: IDENTIFICATION AND PRIORITIZATION**

At the conclusion of the review of all data from the Community Diagnosis process and other sources, the Health Planning sub-committee of the Scott County Health Council identified key health issues. A second step was taken to collect more specific data as it related to each of these issues. The council then ranked each issue according to size, seriousness, and effectiveness of intervention. A final overall ranking was then achieved. Table 11 indicates the health issues in rank order.

Table 15

#### **Scott County Health Issues Priorities**

- **1. Dental**
- **2. Chronic Disease/Lifestyle**
- **3. Respiratory Disease**
- **4. Teen Pregnancy**
- **5. Substance Abuse**
- **6. Health Education Programs**
- **7. Acute Hospital Care**
- **8. Access to Health Care**

### **IV. FUTURE PLANNING**

The Scott County Health Council will develop a health plan for Scott County. This plan will contain prioritized goals which will be developed by the health council along with proposed intervention strategies to deal with the problems identified and a listing of resources needed to implement those strategies.

## REFERENCES

- Community Diagnosis. *A Guide to Healthy Communities*, June 1996
- Community Health Research Group. Tennessee Department of Health  
*Tennessee Health Risk Survey, University of Tennessee, 1995*
- Department of Economic and Community Development. *Tennessee Community Data, 1995*.
- East Tennessee Development District. *1990 Census Summary Report for Scott County, 1995*.
- East Tennessee Development District. *Scott County, 1996*.
- Scott County Chamber of Commerce, Industrial Development Board Tourism Committee.  
*Gem of The Cumberlands, pp.2-4, 1996*
- Scott County Health Council, East Tennessee Regional Health Office.  
*Scott County Community Stakeholder Survey, 1996*.
- Scott County Health Council. *Scott County Health Resource Directory, 1997*.
- Tennessee Department of Health Office of Assessment and Planning. *Health Statistics*.
- The University of Tennessee, Knoxville, Community Health Research Group (no date).  
*Health Information Tennessee*. Available: [Http://www.server.to/hit](http://www.server.to/hit).
- The University of Tennessee, Knoxville, Community Health Research Group.  
*Tennessee Health Risk Survey, 1996*.
- U. S. Department of Commerce, Bureau of the Census. *1990 Census of Population-General Population Characteristics, Tennessee; and 1990 Census of Population and Housing, Summary-Social, Economic, and Housing characteristics, Tennessee*.

# APPENDIX A

## **APPENDIX A**

### **A. Scott County Health Council**

<b>Jan Laxton, Chairperson</b>	<b>Executive Director, Mountain People's Health Council</b>
<b>Ejie Beightol</b>	<b>Scott County Hospital</b>
<b>Christina Carr</b>	<b>Overton County Extension Service</b>
<b>Marica Claiborne</b>	<b>Department of Human Services</b>
<b>Chuck Ellis</b>	<b>Scott County Farm Bureau</b>
<b>Rosemary Jeffers</b>	<b>Scott County School Nurse</b>
<b>Polly Jones</b>	<b>Scott County Health Department</b>
<b>Joyce Keeton</b>	<b>Community Representative</b>
	<b>Scott County Executive</b>
<b>Bob Melhorn</b>	<b>Scott County Extension Service</b>
<b>Peggy Cross</b>	<b>Scott County Grants Coordinator</b>
<b>Steve Phillips</b>	<b>American Express Financial</b>
<b>Vickie Terry</b>	<b>Oneida City School Nurse</b>

### **B. Health Information Tennessee (HIT)**

The Tennessee Department of Health and The University of Tennessee Community Health Research Group developed Health Information Tennessee (HIT) a web site that was developed in conjunction with the Health Status Report of 1997 to make health related statistical information pertinent to Tennessee available on the Internet. This web site not only provides an assortment of previously calculated health and population statistics, but also allows users an opportunity to query various Tennessee health databases to create personalized charts and tables upon demand. The health data is continually being expanded and updated. You may visit this web site at the following address **[www.server.to/hit](http://www.server.to/hit)**.

---

◆ For more information about the Community Diagnosis assessment process, please contact council members or the East Tennessee Health Assessment and Planning Staff at (423) 546-9221.